SKY VIEW NURSING CENTER

309 IRON STREET

HURLEY 54534 Phone: (715) 561-5646 Ownershi p: Indi vi dual Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Intermediate Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 36 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 36 Average Daily Census: 35 Number of Residents on 12/31/00: 36

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	0. 0	More Than 4 Years	16. 7
Day Services	No	Mental Illness (Org./Psy)	50. 0	65 - 74	11. 1		
Respite Care	No	Mental Illness (Other)	5. 6	75 - 84	36. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 4	*************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	8. 3	Full-Time Equivalen	t
Congregate Meals No Cancer		2.8			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.8		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	13. 9	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	11. 1			RNs	4. 9
Referral Service	No	Diabetes	5.6	Sex	%	LPNs	7. 3
Other Services	No	Respi ratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	5.6	Male	30. 6	Aides & Orderlies	24. 2
Mentally Ill	No			Femal e	69. 4		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes		. als als als als als als als	_	100. 0		ale ale ale ale ale ale ale

Method of Reimbursement

		Medic	i care Medi cai d		ai d												
		(Title	e 18) (Title		tle 19)			Other Pri va		ri vate	vate Pay		Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Intermediate				29	96. 7	\$73.99	0	0.0	\$0.00	6	100. 0	\$109.72	0	0.0	\$0.00	35	97. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				1	3. 3	\$132.65	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.8%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Total	0	0.0		30	100. 0		0	0.0		6	100.0		0	0.0		36	100.0%

SKY VIEW NURSING CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	35. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	16. 1	Bathi ng	0. 0		83. 3	16. 7	36
Other Nursing Homes	35. 5	Dressi ng	16. 7		66. 7	16. 7	36
Acute Care Hospitals	6. 5	Transferring	69. 4		30. 6	0. 0	36
Psych. HospMR/DD Facilities	0.0	Toilet Use	58. 3		36. 1	5. 6	36
Rehabilitation Hospitals	0. 0	Eating	94. 4		2. 8	2.8	36
Other Locations	6. 5	* * * * * * * * * * * * * * * * * * *	******	******	*********	**********	******
Total Number of Admissions	31	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	6. 7	0cc/Freq. Incontinent	of Bladder	27.8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	13. 3	0cc/Freq. Incontinent	of Bowel	5.6	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	56 . 7				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	6. 7	Mobility			Recei vi ng	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.0	Recei vi ng	Mechanically Altered Diets	13. 9
Rehabilitation Hospitals	0. 0						
Other Locations	3. 3	Skin Care			Other Reside	ent Characteristics	
Deaths	13. 3	With Pressure Sores		0.0	Have Advar	nce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	30				Recei vi ng	Psychoactive Drugs	38. 9
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	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Proj	pri etary	Unde	er 50	Int	ermedi ate	All	
	Facility Pee		Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 2	80. 4	1. 21	87. 1	1. 12	97. 2	1. 00	84. 5	1. 15
Current Residents from In-County	61. 1	74. 2	0. 82	73. 7	0.83	61. 1	1. 00	77. 5	0.79
Admissions from In-County, Still Residing	25. 8	19. 0	1. 36	39. 5	0. 65	25. 8	1. 00	21.5	1. 20
Admissions/Average Daily Census	88. 6	135. 3	0. 65	77. 9	1. 14	88. 6	1. 00	124. 3	0.71
Discharges/Average Daily Census	85. 7	137. 7	0. 62	73.8	1. 16	85. 7	1.00	126. 1	0.68
Discharges To Private Residence/Average Daily Census	17. 1	57. 0	0. 30	18. 5	0. 93	17. 1	1. 00	49. 9	0.34
Residents Receiving Skilled Care	0. 0	89. 4	0. 00	78 . 5	0.00	0.0	0.00	83. 3	0.00
Residents Aged 65 and Older	100	95. 9	1.04	96. 1	1.04	100. 0	1.00	87. 7	1.14
Title 19 (Medicaid) Funded Residents	83. 3	71.6	1. 16	79. 5	1.05	83. 3	1. 00	69. 0	1. 21
Private Pay Funded Residents	16. 7	19. 0	0. 88	19. 0	0.88	16. 7	1.00	22.6	0.74
Developmentally Disabled Residents	2. 8	1. 2	2. 28	1.5	1.90	2. 8	1. 00	7. 6	0. 36
Mentally Ill Residents	55. 6	35. 9	1.55	60.0	0. 93	55. 6	1.00	33. 3	1.67
General Medical Service Residents	5. 6	18. 2	0. 30	10. 2	0. 54	5. 6	1.00	18. 4	0. 30
Impaired ADL (Mean)	31. 1	47. 3	0. 66	49. 5	0.63	31. 1	1.00	49. 4	0.63
Psychological Problems	38. 9	45 . 0	0. 86	63. 4	0.61	38. 9	1.00	50. 1	0. 78
Nursing Care Required (Mean)	1. 7	6. 7	0. 26	5. 7	0. 30	1. 7	1.00	7. 2	0. 24